MARYLAND STATE DEPARTMENT OF HEALTH

00568

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 203

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Kent — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pinney Neck
LENGTH OF STAY (In this place): all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rock Hall #1

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pinney Neck
STREET ADDRESS (If rural, give location): Rock Hall #1

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) A. (Last) Bryden

4. DATE OF DEATH: (Month) Jan (Day) 7 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 25 1916

9. AGE last birthday: 33 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Building (general)

11. BIRTHPLACE (State or foreign country): Rock Hall, Maryland

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: John H. Bryden

14. MOTHER'S MAIDEN NAME: Sarah Ethel Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 212-14-8994

17. INFORMANT: Gertrude Bryden (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) acute cardiac failure

416X

Antecedent cause(s)

92a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) chron. Endo-Myo-Pericarditis

(c) Fibrosis of lungs of unknown origin

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?: —

22. I hereby certify that I attended the deceased from about 11/10, 1949, to 1/7, 1950, that I last saw the deceased alive on 1/7, 1950, and that death occurred at 11 55 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Albert A. Burgard	M.D.	Rock Hall, Md	1/9/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan. 11, 1950	Wesley Chapel	Rock Hall, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR	ADDRESS
1/11/50	S. Elwood Burgess	Marvin V. Williams - Chestertown Md	

308 49

RECEIVED
JAN 26 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00569

CERTIFICATE OF DEATH

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Kent Chestertown MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN chestertown | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Lynchburg Va. COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown Md
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print): (First) Mrs Sarah (Middle) Anne (Last) Cornelius

4. DATE OF DEATH: (Month) Jan (Day) 14 (Year) 1950

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed | 8. DATE OF BIRTH: 12-5-1864 | 9. AGE last birthday: 85 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Wilmington Del | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Fisher Moreland | 14. MOTHER'S MAIDEN NAME: Anna Spear

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | (If yes, give war or dates of service) no | 16. SOCIAL SECURITY NO. — | 17. INFORMANT: Mrs Carlo Cooper

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Angina Pectoris.

420.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arterial Sclerosis

94b (c) Paralysis (Partial)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Operation R. Leg, amputated.

19a. DATE OF OPERATION Nov. | 19b. MAJOR FINDINGS OF OPERATION Leg amputated | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) no | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) no

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Nov., 1949, to Jan 14, 1950, that I last saw the deceased alive on Jan 14, 1950, and that death occurred at 1 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) L. P. Atwell M.D. | ADDRESS Still Pond Md. | DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 1/17/49 | NAME OF CEMETERY OR CREMATORY Still Pond | LOCATION (City, town, or county) (State) Still Pond Md

DATE REC'D BY LOCAL REG. Jan. 17-1950 | REGISTRAR'S SIGNATURE Clara L. Barnes | 24. FUNERAL DIRECTOR ADDRESS B R Callaway

KVX99

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JAN 19 1950
BUREAU V. S.

Evidence for addition in #18 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00570

FILM No. G 124 FEB 14 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown, Md
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Kent & Queen Anne County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown
STREET ADDRESS (If rural, give location): Queen St.

3. NAME OF DECEASED (Type or Print): (First) Caroline (Middle) Alricks (Last) Forster Duncan

4. DATE OF DEATH: (Month) Jan. (Day) 27, (Year) 1950

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Jun. 20, 1865

9. AGE last birthday: 84 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Penna.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Benjamin Law Forster

14. MOTHER'S MAIDEN NAME: Ann Bull Alricks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service): no

16. SOCIAL SECURITY No.: no

17. INFORMANT AND ADDRESS: Wm. Duncan Deringer Queen St. Chestertown, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia — Interval between onset and death: 5 days

Antecedent cause(s)

450.0

97 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Vaso motor collapse from administration of Etamon Chloride 5 days
(administered to improve circulation in lower extremities. (2-14-50- ams.).

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Advanced arteriosclerosis with tissue anemia & anoxia (both lower extremities) — general 4 years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 14, 1950, to Jan 27, 1950, that I last saw the deceased alive on Jan 27, 1950, and that death occurred at 6.45 P m., from the causes and on the date stated above.

SIGNATURE: R Lutz Starr — (Degree or title): M.D. — ADDRESS: Chestertown, Md. — DATE SIGNED: Jan 30, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Jan. 30, 1950 — NAME OF CEMETERY OR CREMATORY: Shrewsbury Cem. — LOCATION (City, town, or county) (State): Kent Co. Maryland

DATE REC'D BY LOCAL REG.: Jan. 30, 1950 — REGISTRAR'S SIGNATURE: Clara L. Barnes.

24. FUNERAL DIRECTOR: J. Willis Wells — ADDRESS: Chestertown, Md.

VS. A15

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FEB 1 1950
BUREAU V. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00571

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH — COUNTY: Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown — LENGTH OF STAY (in this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Quaker Neck Section

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Quaker Neck- Chestertown
STREET ADDRESS (If rural, give location): Maryland

3. NAME OF DECEASED (Type or Print) (First) Harriett (Middle) R. (Last) Elias
4. DATE OF DEATH (Month) Jan. (Day) 17 (Year) 1950
5. SEX: male
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SEPARATED
8. DATE OF BIRTH: Jan. 7, 1903
9. AGE last birthday: 47 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Kent Co. Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Wm. Thomas
14. MOTHER'S MAIDEN NAME: Ella Butler
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service): no
16. SOCIAL SECURITY No.: no
17. INFORMANT AND ADDRESS: Wilmer Lee - Chestertown, Md. R.F.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) acute cardiac failure

443X Antecedent cause(s)

92d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) chron myocarditis - endocarditis

(c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify): —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from May, 1949, to 1/17, 1950, that I last saw the deceased alive on 1/17, 1950, and that death occurred at 5:30 A. m., from the causes and on the date stated above.

SIGNATURE: Albert A. Burgard (Degree or title) M.D. — ADDRESS: Rockhall, Md — DATE SIGNED: 1/18/50.

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Jan. 19, 1950 — NAME OF CEMETERY OR CREMATORY: Quaker Neck Cem. — LOCATION (City, town, or county) (State): Pomona - Chestertown, Md.

DATE REC'D BY LOCAL REG.: Jan. 18-1950 — REGISTRAR'S SIGNATURE: Clara S. Barnes.
24. FUNERAL DIRECTOR — ADDRESS: J. Willis Wells - Chestertown, Md.

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BUREAU Y. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown Rural | LENGTH OF STAY (in this place) 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown (Rural)
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
HELEN	McCASLIN	GENT	January	21	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months.	Days	If under 24 hrs. Hours	Min.
Female	White	Single	May 17, 1933	16 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY: Student home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Kenneth Gent
14. MOTHER'S MAIDEN NAME: Thelma Virginia McCaslin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. James K. Gent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hepatoma	1 1/2 years
156.1 Antecedent cause(s)		
46f Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Nov 15, 1950, to Jan 21, 1950, that I last saw the deceased alive on Jan 21, 1950, and that death occurred at 1:20 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert W. Farr	M.D.	Chestertown, Md.	Jan 21, 1950

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	Jan 23, 1950	Prospect Hill Cemetery	Towson	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 21-1950	Clara L. Barnes.	John Burns & Son	Towson, Md.

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JAN 21 1950
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06573

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 201

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Worton / Kent Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colemans Worton md | LENGTH OF STAY (In this place) 87 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Colemans Rural Worton COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Worton md
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) adella (Middle) (Last) Taylor

4. DATE OF DEATH: (Month) Jan (Day) 24 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: nov 14 1862

9. AGE last birthday: 87 yrs. | If under 1 year: Months x Days 10 | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): homemaker

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Colemans Rural Worton md

12. CITIZEN OF WHAT COUNTRY? U.S.a

13. FATHER'S NAME: Perry Rasin

14. MOTHER'S MAIDEN NAME: Hester Bessick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: no

17. INFORMANT: William L Johnson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

502.1 **Immediate cause** (a) chron. decompensation Endo-Myocard dis

92d **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chron bronchitis, arteriosclerosis

(c) old age

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION — | 19b. MAJOR FINDINGS OF OPERATION — | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — | (CITY OR TOWN) — (COUNTY) — (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Oct, 1949, to 1/24, 1950, that I last saw the deceased alive on 1/20, 1950, and that death occurred at 10 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Albert G. Burgard M.D | Rock Hall, Md | 1/27/50.

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF 1/29/50 | NAME OF CEMETERY OR CREMATORY Colemans md | LOCATION (City, town, or county) (State) Worton Md

DATE REC'D BY LOCAL REG. 1/28/50 | REGISTRAR'S SIGNATURE E Leonard Jones. | 24. FUNERAL DIRECTOR B R Fellows | ADDRESS Still Pond Md

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JAN 30 1950
BUREAU V. S.

Evidence for addition of #4 shown on:

00574

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

FILM No. G 124 JAN 30 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 204

1. PLACE OF DEATH: COUNTY Kent. Church Creek Farmer MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Worton. RR
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Worton RR
STREET ADDRESS (If rural, give location) Church Creek Farmes

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) Lee (Last) Thompson
4. DATE OF DEATH: (Month) Jan. (Day) 23, (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months. Days	If under 24 hrs.: Hours Min.
Male	White	Single	Sept 23-49	yrs.	4	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Crumpton. Md.	USA

13. FATHER'S NAME Edward Thompson
14. MOTHER'S MAIDEN NAME Gertrude Bertha Rodgers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
		Edward Thompson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Found dead in cred 30 M. Hd

7730 Antecedent cause(s)

86 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Vomited large mill Curd. Fair expression and (c) Clinched fingers suggested convulsions. Rigor mortis fairly

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Frequently vomited to milk. Very pale well nourished subject

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from No Medical Attention, 19..., to ..., 19..., that I last saw the deceased alive on ..., 19..., and that death occurred at ...m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank N. Smith	Chestertown Md	Medical Adviser	Jan 23/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/24/50	Church Hill	Church Hill Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 25 1950	Frank N Smith	Edgar L Lane	Church Hill Md

1-0-9-23-4-24-5-40-R

VV294

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-415

RECEIVED
JAN 27 1950
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 201

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Kennedyville/Kent — STATE: MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kennedyville — LENGTH OF STAY (In this place):
   HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: — COUNTY: Kent
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kennedyville Md
   STREET ADDRESS (If rural, give location): Main St Kennedyville Md

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Judson (Last) White

4. DATE OF DEATH: (Month) Jan (Day) 27 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): divorced

8. DATE OF BIRTH: Nov 17 1873

9. AGE last birthday: 76 yrs. — If under 1 year: Months. / Days 15 — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Metompkin Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William James White

14. MOTHER'S MAIDEN NAME: Margaret E Colton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service): no

16. SOCIAL SECURITY NO.: no

17. INFORMANT: J. Judson White Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.2 **Immediate cause** (a) Cerebral Thrombosis — Sudden

93d **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis — Several Months

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 22, 1950, to Jan 27, 1950, that I last saw the deceased alive on Jan 22, 1950, and that death occurred at 5 A.M. / P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank W Smith		Chestertown Md	Jan 27/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/29/50	Parksley	Parksley Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/28/50	E Kennard Jones	B R Fellows	Still Pond Md

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RECEIVED
JAN 30 1950
BUREAU U. S.